

## REPORTS INVENTORY

FORM NO.

PREPARE IN DUPLICATE

SRB 930 L

1. TITLE OF REPORT (If a fill-in report include Form No.)

930 L POLICY HOLDER-ALPHA

2. TYPE  
OF  
REPORT

STATISTICAL

NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

☒ PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not  
number of copies)

2

7. FORMAT (memorandum, form  
computer print-out, etc)

CP-O

8. ADP PROCESSING

☒ YES

IF YES GIVE ADP PROCESSING NO.

NO

H-05

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level  
contributing information to report)

OCS/OPERATIONS

11. FEEDER REPORTS (State total number and identify by Title,  
Form No., or nomenclature. Attach separate sheet if necessary.)

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-06-3	4.21		.29		1.22		12		14.64

## B. COSTS OF COMPUTER PRODUCED REPORTS

					.12		12		1.44
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TOTAL COSTS PER YEAR

\$ 16.08

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN,  
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

## 14. FUTURE GOALS

14a. ACTION PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS☐ OTHER (explain)☐ CHANGE☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

14b. DATE OF INVENTORY

2 NOV 1970